

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

19/869293

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5	1		1			
6		1		1		
7		1		1		
8		1		1		
9	1		1			
10		1		1		
11	1		1			
12	1		1			
13		1		1		
14		1		1		
15		3		1		
16		3		1		
17		1		1		
18		3		1		
19		1		1		
20		1		1		
21		3		1		
22		1		1		
23		3		1		
24				1	Not Inv	
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TOTAL IND.	5		5			
TOTAL DEP.	28		46			
TOTAL CLAIMS	33		51			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						